

Application for Capital Funds (“Capital Application”)
South Carolina Department of Disabilities and Special Needs

1. DATE: _____ 2. TYPE OF APPLICATION: Preliminary Original Revised

ATTACHED DOCUMENTATION (*as applicable*):

- Pre-Purchase Checklist for Purchase of Existing Facility (Addendum A)
- Justification of Purchase/Construction of a Particular Facility (Addendum B)
- Real Estate Contract Contingent on SCDDSN Approval
- Certified Independent Appraisal for Purchase of Land and/or Facility
- Other Photographs/Real Estate Marketing Information
- Independent Inspection(s): (Building/Electrical/Phase 1 Environmental Study/Etc.)
- Schematic Drawings and Specifications for Construction/Other Work to be Done
- Zoning Letter on Jurisdiction’s Letterhead (Addendum C)
- Documentation of Estimated Cost(s), including Independent Quotes
- For Residential Construction (Only): Work Write Up Summary (Addendum D)
- Documentation of Correspondence To/From Regulatory Agencies re: Citations (As Applicable)
- Fire Sprinkler System Information (Addendum H)

3. APPLICANT:

Provider: _____ Executive Director: _____

Contact Person and Title: _____

Contact Person’s Email: _____

Contact Person’s Telephone Number and Extension: _____

Provider Street/Post Office Box Address: _____

City/State/Zip Code: _____

4. PROJECT NAME AND SITE ADDRESS: _____

5. TYPE OF CAPITAL REQUEST: (*Check as many as applicable*)

- | | | |
|--|---|---|
| <input type="checkbox"/> Acquisition of Land | <input type="checkbox"/> Site Development | <input type="checkbox"/> Acquisition of Land and Existing Facility |
| <input type="checkbox"/> Renovation/Repairs to Existing Facility | | <input type="checkbox"/> Upgrade/Installation of Mechanical Systems |
| <input type="checkbox"/> New Construction of Facility | | <input type="checkbox"/> Other: _____ |

Any previous DDSN participation in this facility's acquisition or any upgrades, renovations, or repairs? If so, please provide a history of the facility (age, etc.), year(s) of award(s) and amount(s): _____

6. ADDITIONAL DESCRIPTION OF PROJECT: *(Respond also to Question 12)*

7. FACILITY TYPE/SPACE DISTRIBUTION: *(Complete as Applicable)*

	Heated Square Feet	% of Entire Facility
Residential Facility (CTH-II, SLP, etc.)		
Adult/Child Day Program		
Administration/Support Services		
Other (specify: _____)		
TOTAL		

8. SUMMARY OF FUNDING REQUEST: *(Complete as Applicable)*

DDSN Grant \$ _____
 SC Housing Trust Fund Loan \$ _____ (Not to Exceed \$75,000)
 Other Loan \$ _____ (Type: _____)
 Other Grant \$ _____ (Type: _____)
 Provider Participation \$ _____ (Cash/Reserves, Etc.)
 TOTAL DEVELOPMENT COST: \$ _____ (Should Equal Total Development Cost of Next Section)

9. CAPITAL BUDGET FOR PROJECT:

PROPOSED SOURCES OF FUNDS						
	#s	DDSN	SCHTF	OTHER	PROVIDER	TOTAL
Acquire Land (Number of Acres)						
Acquire Existing Facility (with Land) - Number of Acres						
Construct New Facility:						
• Number of Heated Square Feet						
Construct New Facility:						
• Estimate Cost per Heated Square Foot						
Note: For construction of a residential facility, also complete Addendum D - Work Write Up						
Site Development:						
• Grading/Tree Removal/Pavings/Landscaping						
Infrastructure (water/sewer/septic)						
Renovation/Repair/Mechanical						
1.						
2.						
3.						
4.						
5.						
SUBTOTAL						
Appliances/Equipment (exclude those paid from start-up grant)						
1.						
2.						
3.						
4.						
5.						
SUBTOTAL						
Fees and Closing Costs:						
• architect/engineer/other						
• appraisal						
• inspections (building/electrical)						
• termite letter						
• attorney						
• closing costs: title insurance/recording fees, etc.						
• other						
SUBTOTAL						
TOTAL DEVELOPMENT COST (should equal Section 8 Above by Source)						

10. ANNUAL OPERATING BUDGET FOR PROJECT:

Non-Personnel Costs	Est. Cost - New Facility	Current Cost (If Any)	Additional Cost (Savings)
Mortgage/Lease Payment			
Natural Gas/Electricity/Other			
Telephone/Internet Services			
Water/Sewer/Garbage/Trash			
Janitorial/Grounds/Pest			
Repairs/Painting/Other			
Insurance			
TOTALS			

11. LOAN PROVISIONS:

Note: If a loan from *other than the SC Housing Trust Fund* is proposed in #8 as part of the financing plan for this project, please answer the following questions, attaching any documentation or correspondence from the lender.

Proposed Lender's Name/Contact Person/Phone Number: _____

Construction Loan? Yes No

If Yes Terms (Length/Fixed or Adjustable): _____ Rate: _____

Permanent Financing? Yes No

If Yes Terms (Length/Fixed or Adjustable): _____ Rate: _____

Amount of Principal \$ _____ # Years Amortized (If different from Length): _____

Monthly Payment (PITI) \$ _____ (Show Annualized in Section 10)

Is Loan Considered Tax-Exempt? Yes No

If No, please explain: _____

Is there a Balloon or Call Provision? Yes No

If Yes, please explain: _____

Note: If so, also please provide **WRITTEN COMMITMENT** on behalf of the Lender to refinance at the end of set intervals at rates derived in a standard manner (such as based on prime rate).

Date Terms were offered by Lender?: _____

Deadline for Acceptance of These Terms?: _____

Describe Procurement of Financing Provisions:
(Bid?/Number of Institutions Approached/Etc.): _____

12. PROJECT NARRATIVE: (Attach Separate Page if Necessary)

Why is the project needed? How will individuals benefit by its completion? If not funded, what will result?: _____

Program Types(s) for Facility	Number of Individuals Served	# of Staff
TOTALS		

Describe any special space or structural needs, including the relevant licensing standards: _____

Will meals be served in this facility? Yes No

If Yes, describe this impact on design: _____

13.1 DETAIL OF STEPS FOR CONSTRUCTION OR MAJOR RENOVATION NEEDS:

- A. Complete the application for capital funds, Questions 1-12, plus addenda.
- B. Submit application to Central Office (Capital Budget Division) for preliminary approval and comments. Submit copy to District Office.
- C./D. As needed: select an architect/engineer team (“A/E”), with the assistance of the DDSN Engineering Division. Include in the A/E contract their responsibility to meet appropriate codes and standards and to obtain approvals in writing from the approving authorities. Submit A/E contract to DDSN for review and approval.

Standards to be met (as appropriate for the type building):

- 1). DDSN standards.
- 2). DHEC licensing standards appropriate to the planned usage.
- 3). Standard building code.
- 4). Life safety code.
- 5). DHEC food service regulations (as appropriate).
- 6). DHEC and local water and sewer regulations.
- 7). ANSI handicap accessibility standards.
- 8). Soil conservation, erosion, and storm water control standards.
- 9). DHEC underground storage tank and other hazardous chemical abatement and removal standards (if purchase of an existing facility is planned).

Approvals to be obtained in writing (as appropriate):

- 1) SCDHEC licensing, if appropriate, for the facility
 - 2) SCDHEC water supply division, if required
 - 3) SCDHEC wastewater division or county health department
 - 4) SCDHEC food service division
 - 5) State Fire Marshal
 - 6) Letter of release for UST or hazardous chemicals (if existing facility purchased)
- E./F. Have A/E develop a schematic design and submit specifications and plans to all approving bodies (INCLUDING DDSN) to obtain approvals and comments. Obtain letters of approval; retain on file. At schematic design phase, obtain A/E estimate of construction costs, adjusting scope to fit the budget. Revise Questions 7, 8, and 9 as necessary; resubmit to capital budget at central office.
 - G. Have A/E develop bid documents and submit to all approving bodies to obtain approvals in writing and comments. Retain on file. Ensure that A/E includes alternatives to ensure costs within budget.
 - H. Obtain bids; submit tabulation and contract to DDSN for final approval before execution of contract.
 - I,J,K. Proceed with awarding the construction contract, close the loan (if applicable), and start construction.
 - L. After completion of project, submit Schedule 14, Summary of Actual Final Costs.

13.2 Checklist of Steps Required (As Applicable) For Construction or Major Renovation of Facilities

STEPS	DATE COMPLETED	SUPPORTING DOCS	AUTHORIZED SIGNATURES
A. Complete Capital Application, Questions 1-12, plus applicable addendum			
B. Submit Capital Application to Central Office (Capital Budget); Copy District Office			
C. Upon approval of concept, select Architect/Engineer (A/E)			
D. DDSN Review and Approval of A/E Contract			
E. Have A/E Develop Schematic Design; Submit Sets for Approvals (As applicable): <ul style="list-style-type: none"> • DDSN • State Fire Marshal • DHEC Licensing/Food Service 			
F. Obtain A/E Estimate of Cost; Revise and Re-submit Capital Application			
G. Have A/E Develop Bid Documents; Offering Alternates to Meet Budget; Obtain Approval of Bid Documents (As applicable): <ul style="list-style-type: none"> • State Fire Marshal • DHEC Licensing/Food Service 			
H. Obtain Bids; Submit Info to DDSN for Final Cost and Contract Approval			
I.&J. Upon Final DDSN Approval, Award Contract; Close Loan (As applicable)			
K. Start Construction/Renovation			
L. Submit Final Cost Summary ("Schedule 14") to DDSN Capital Budget within 60 days of completion			